

MONTANA DEPARTMENT OF COMMERCE
LOCAL GOVERNMENT SERVICES BUREAU
1424 Ninth Avenue
P.O. Box 200501
Helena, Montana 59620-0501

APPLICATION FOR PLACEMENT/RENEWAL ON THE ROSTER OF INDEPENDENT AUDITORS
AUTHORIZED TO CONDUCT AUDITS OF MONTANA LOCAL GOVERNMENT ENTITIES

Period From July 1, 1998, through June 30, 1999

PLACE LABEL HERE

Please note below any required changes to the public accounting firm name or mailing address contained on the label to the left.
Name of Public Accounting Firm

(1) _____

Mailing Address:

(2) _____

Section 2-7-506, MCA, and the Administrative Rules of Montana require that public accountants conducting audits of Montana local government entities under the provisions of Title 2, Chapter 7, Part 5, MCA, apply for and be accepted for placement on a roster of independent auditors authorized to conduct such audits that is maintained by the Department of Commerce. Required qualifications for placement or renewal on the roster, as prescribed in the Administrative Rules of Montana, are enclosed. Please provide the following information:

Telephone Number _____

Date of Last External Quality Control Review or Peer Review ____/____/____

Period Covered by that Review ____/____/____ - ____/____/____

Attach copy of review report (opinion letter) and acceptance letter from the peer review administrative agency or body (Note: Usually the Montana Society of CPA's or AICPA). See memo for further explanation.

If an external quality control review or peer review has not been conducted for your firm within the past three years, indicate below the planned date of your initial or next review and the period that will be covered by the review.

Date of Planned External Quality Control Review or Peer Review ____/____/____

Period to be Covered by that Review ____/____/____ - ____/____/____

Under the authority of Section 2-7-506, MCA, and the Administrative Rules of Montana, public accountants initially applying to the Department of Commerce for placement on the roster or renewing for continuance on the roster must pay an annual fee to the Department of \$50.00. Please sign and date this form and return it with your check in the amount of \$50.00 made payable to "State Treasurer" to:

Montana Department of Commerce
Local Government Services Bureau
1424 Ninth Avenue
P.O. Box 200501
Helena, MT 59620-0501

I hereby certify that the above information is true and correct to the best of my knowledge and belief and that I meet the criteria for inclusion on the roster as specified in the Administrative Rules of Montana and as communicated to me in the material accompanying this application form.

Signature of Public Accountant or Representative _____ Date ____/____/____
of Public Accounting Firm

****Is your firm interested in being prequalified to submit proposals for audits of State ****
****agencies that are contracted for by the Office of the Legislative Auditor? Yes___ No___****

FOR DEPARTMENT OF COMMERCE USE ONLY

Date Received: Amount Received:\$_____ Auditor/Firm Registered - Y N
By:_____ Code No. _____
A/R Date_____ Doc.#_____ Applic. Approved Date:_____
FORM/CPA4-4/98 Col. Rpt. Date_____ Doc.#_____ By:_____